

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. OAA-148-A First Inventor Yanase et al. Title Fuel Vapor Processing... Express Mail Label No. ET986050425US																									
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																									
<p>1. <input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> CONTINUING APPS (Indicate which original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>13</u>] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Back ground of the invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>4</u>] 5. Oath or Declaration [Total Sheets <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76.</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:</p> <p><i>Prior application information:</i> Examiner _____ Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p style="text-align: center;">19. CORRESPONDENCE ADDRESS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Customer Number:</td> <td style="width: 40%; padding: 2px;">21828</td> <td style="width: 40%; padding: 2px;">OR <input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td>Name</td> <td colspan="2">CARRIER BLACKMAN & ASSOCIATES, P.C.</td> </tr> <tr> <td>Address</td> <td colspan="2">24101 NOVI ROAD SUITE 100</td> </tr> <tr> <td>City</td> <td>NOVI</td> <td>State MI</td> <td>Zip Code 48375</td> </tr> <tr> <td>Country</td> <td colspan="3">UNITED STATES</td> </tr> <tr> <td>Name (Print/Type)</td> <td>Joseph P. Carrier</td> <td>Registration No. (Attorney/Agent)</td> <td>31,748</td> </tr> <tr> <td>Signature</td> <td colspan="3"><u>Joseph P. Carrier</u></td> </tr> </table>			Customer Number:	21828	OR <input type="checkbox"/> Correspondence address below	Name	CARRIER BLACKMAN & ASSOCIATES, P.C.		Address	24101 NOVI ROAD SUITE 100		City	NOVI	State MI	Zip Code 48375	Country	UNITED STATES			Name (Print/Type)	Joseph P. Carrier	Registration No. (Attorney/Agent)	31,748	Signature	<u>Joseph P. Carrier</u>		
Customer Number:	21828	OR <input type="checkbox"/> Correspondence address below																									
Name	CARRIER BLACKMAN & ASSOCIATES, P.C.																										
Address	24101 NOVI ROAD SUITE 100																										
City	NOVI	State MI	Zip Code 48375																								
Country	UNITED STATES																										
Name (Print/Type)	Joseph P. Carrier	Registration No. (Attorney/Agent)	31,748																								
Signature	<u>Joseph P. Carrier</u>																										

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

2025105

10/657/88

09/09/03